Blanchfield Army Community Hospital
Warfighter Refractive Eye Surgery Center
(270) 956-0775 Fax (270) 956-0770
E-mail: usarmy.campbell.medcom-bach.list.wresp-users@mail.mil

Procedures for screening and selection for the Refractive Surgery Program:

Qualifications:

ONLY Active Duty Service Members 18 years of age and have an 18 month service obligation remaining from the day of surgery may apply. Furthermore, no pending adverse personnel actions and not going through or considered for Medical Evaluation Board (MEB)

1. The Service Member (SM) will have the Commander's (CDR) Endorsement (page 2) and Refractive Surgery Checklist (page 3) completed before any other steps can be taken by the Warfighter Refractive Eye Surgery Center (WRESC). The exact method and order for completing each form may vary from unit to unit – details for this are left up to each command. If both forms are a "GO", then the SM proceeds to the next step.

2. Once all of the above is complete, the SM will report to the WRESC at Blanchfield Army Community Hospital (BACH) 3rd Floor C building with the following:

-- The complete packet (all pages). Retyped packets will **NOT** be accepted.
-- Commander's Endorsement **MUST** be signed by current Company (at least O3) and Battalion (at least O5) level or higher commander and be less than 90 days old. If signed by acting Company/Battalion CDR, bring a copy of the assumption of command orders.
-- ID Card (CAC)
-- Proof of ETS or separation date **(Enlisted and Officer—ERB/ORB, RE-UP, etc.)** ****AGR Service Members MUST provide a copy of AGR orders.****
-- Bring your current glasses or be able to provide an eyeglass prescription older than one year to your 1st Preoperative appointment.
--**CONTACT LENSES NEED TO BE OUT FOR AT LEAST 14 DAYS PRIOR TO THE FIRST APPT. DO NOT WEAR ANY CONTACT LENSES UNTIL AFTER YOUR SURGERY ELIGIBILITY HAS BEEN DETERMINED**

3. Once all of the above documentation has been presented and verified by the Warfighter Refractive Eye Surgery Center staff at Blanchfield Army Community Hospital, then the SM will be booked for two preoperative appointments.

4. Refer all questions to the Warfighter Refractive Eye Surgery Center at 270-956-0775.

(Office Symbol)_____   (Date)_____

MEMORANDUM TO OIC, Warfighter Refractive Surgery Clinic, Blanchfield ACH

SUBJECT: Commander's Endorsement of Refractive Eye Surgery

1. I hereby give my endorsement/permission for the below listed active duty Service Member (SM) to be evaluated for enrollment in the refractive eye surgery program.

       NAME: _____
            Last   **First**   **MI**
       SSN: _____ ETS DATE: _____DOB_____
       RANK: _____ SERVICE: _____
       DUTY TITLE: _____ MOS: _____
       ASSIGNED UNIT: _____
       CONTACT ADDRESS: _____
       CONTACT PHONE: (DAY) _____ (EVENING) _____
       E-MAIL ADDRESS: _____.mil@mail.mil_____

2. I realize that after the surgery, the SM will have the following profile for a minimum of 30 days: NO FIELD DUTY, AIRBORNE OPS, SWIMMING OR SCUBA, TACTICAL NIGHT OPS, GAS MASK, CAMMO FACE PAINT, and DRIVING MILITARY VEHICLES. SUN-GLASSES MAY BE WORN AS NEEDED INDOORS AND OUTDOORS FOR 90 DAYS. NO PHYSICAL TRAINING FOR 2 WEEKS (14 DAYS).

3. **I further realize that the Soldier must remain CONUS for at least 90 days following refractive surgery.**

4. The SM will be on unit convalescent leave for up to 6 (six) days following surgery and **must keep all follow-up appointments** with the Warfighter Refractive Eye Surgery Clinic to avoid potential complications.

5. The SM must have 6 (six) months remaining on station and have a minimum of 18 months active duty service commitment remaining from surgery date. ETS date must be verified by official document. SM is at least 18 years old, is not pending UCMJ, is not pending or considered for Medical Evaluation Board. I will inform the refractive surgery clinic if the SM's circumstances change.

I authorize the SM treatment in accordance with all information provided above. Additionally, I am aware that the Commander's signatures are only valid for 90 days.

Company Commander's (O3) Signature Date	**Battalion Commander's (O5) Signature Date**
Company Commander's Name and Rank	**Battalion Commander's Name and Rank**
Unit	**Unit**
Company Commander's Telephone and E-mail	**Battalion Commander's Telephone and E-mail**

REFRACTIVE SURGERY CHECKLIST (RSC)

[ ] Flight Status   [ ] Non-Flight Status

Service Member's Information:

_____
Rank   Last Name   First Name   MI   Last 4 SSN

Unit Approval and Verification *(check answers)*   [ ] GO   [ ] NO GO

Service Member (SM) is at least 18 years old
          [ ] Yes   [ ] No

SM has at least 18 months active duty service commitment remaining
          [ ] Yes   [ ] No

Is the SM projected to PCS within 6 (six) months? If yes, when and where_____
          [ ] Yes   [ ] No

Does the SM have any pending personnel actions/UCMJ/Flagged/Bar to Reenlist/pending or considered for Medical Evaluation Board?
          [ ] Yes   [ ] No   *If Yes, SM is not authorized treatment at this time.*

Does the SM have projected deployment dates/time frame?
          [ ] Yes   [ ] No   *If Yes, give dates/time frame_____*

Does the SM have projected JRTC/NTC dates/time frame?
          [ ] Yes   [ ] No   *If Yes, give dates/time frame_____*

Does the SM have projected school dates/time frame?
          [ ] Yes   [ ] No   *If Yes, give dates/time frame_____*

_____
First Sergeant Signature   Date

_____
Rank   Last Name   First Name   MI   Telephone Number